December 2010

Montana Central Tumor Registry Newsletter



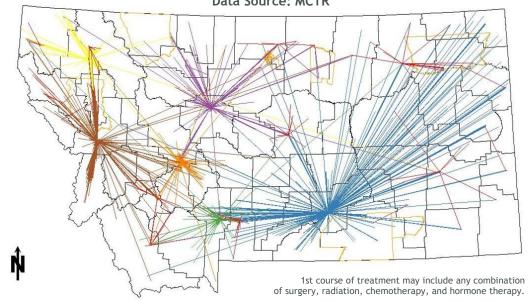
MCTR Maps Distance to Treatment

MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

Travel for First Course of Breast Cancer Treatment in MT (provisional)

Diagnosis 2004-2008

Data Source: MCTR



It might seem obvious that patients travel to the nearest cancer center for their cancer treatment, but that is not always the case. Cody Custis, epidemiologist for the Hospital Discharge Data System, used MCTR data for breast cancer cases diagnosed 2004-2008 to map place of residence to place of treatment.

There are many instances when a patient will travel longer distances to obtain treatment. Reasons may include that the patient has family or friends in a certain treating area or the treatment the patient desires is only offered at a certain facility.

This map includes all treatment modalities (surgery, radiation, and systemic therapy). Cody plans to revise this map by creating separate images for each treatment modality (surgery, radiation, systemic therapy).

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Meet the Registrars



Linda Furlong (left) and Sandy Lehigh (right) St. Vincent Healthcare, Billings

Linda Furlong

Arriving to Montana via Nebraska, S. Dakota, and Texas I have returned to where my mother grew up (southeast Montana). I briefly taught science at the secondary level and then entered into the healthcare arena starting out as a transcriptionist. I managed a medical record department in a very small hospital in a small east Texas town for several years before going back for a degree in Health Information Management. During my years working in healthcare I have managed to a wide variety of tasks - transcription, director/manager, utilization review, medical staff credentialing, and the list can go on. I just happened into Tumor Registry work 10 years ago and have really enjoyed it and find it very interesting. One of the junior colleges in the Houston area began a tumor registry program which I attended and sat for my exam shortly after.

My summer vacation is normally spent with my son, Aaron, coming up here from Ft. Worth, TX. He particularly enjoyed Glacier National but we have also taken in Yellowstone and the Black Hills of S. Dakota. The first trip to Glacier was 20 years ago for his high school graduation. I love to travel, work in the yard and attend auctions. The love of my life, though, is my cat Coral. He comes from Saipan (near Guam) where I briefly worked.

The decision to come to work with Sandy Lehigh was one of my better ones in life and I have never looked back. I have been truly blessed to work with such a wonderful person. Out motto is "have fun while you work"!

My goal (or should I say dream) is to move to Peru, S. America, operate a bed and breakfast and retire there.

Sandy Lehigh

Hello, my name is Sandy Lehigh. I have been in the Health Information Management field all my adult life. I first started out in a small hospital, Delta Memorial Hospital with a bed-capacity of 32, in Colorado at the age of 20 after attending Mesa College in Grand Junction, Colorado. That was the time when health information was completely paper records. At this hospital I did admission, discharges, out-patients, etc; this was such a good background for the start of my career. During this time I studied and became an RHIT. I later moved to Grand Junction and worked at St. Mary's Hospital in medical transcription. During this time my husband came into my life and we settled in Denver, Colorado. I worked at Rose Medical Center in the pathology department. Later we moved to Casper, Wyoming and finally settled in Billings, Montana.

I have worked at St. Vincent Healthcare for the past 23 years; this is very easy for me to remember as my daughter was 3 months old when I started medical transcription part-time working around my husband's schedule. So guess how old my daughter is? This is a trick question.

I have been a CTR since 1999. During this time I have worked with Trauma, Cardiovascular and Cancer registry databases. Finally in 2005 I work completely with cancer registry and with all the constant changes that is enough to keep up with. St. Vincent Healthcare became an accredited COC program in 2007 and this keeps Linda and me extremely busy.

I have been married to John for 32 years. I have two children, Lance and Jenny. This summer I became a mother-in-law to Kelli Rae. My interests are gardening, pets (Baxter, my schnauzer and Angel, my cat), tropical fish and selling Avon.

Happy New Year Everyone!

MCTR Annual Report 2004-2008 available

The newest MCTR Annual Report covering diagnosis years 2004-2008 is now posted on our website. To access the report, go to www.cancer.mt.gov. Click on MT Central Tumor Registry and scroll down to Annual Reports.

A Note of Sad News

Yvonne Carter, the previous cancer registrar at Kalispell Regional Hospital, passed away peacefully on the morning of November 15, 2010 in Kalispell, bringing to a close her courageous battle with ALS. Yvonne was born in Phoenix, AZ and graduated high school in Prescott, AZ. She received her Health Information Management Certificate from Arizona Institute of Business. She became a Certified Tumor Registrar in 1996 and was the Kalispell Regional Hospital Cancer Registrar since 2002; retiring in May 2010.

CSEP Changes

Congratulations to Paige Johnson on the birth of baby Gus, born October 5, 2010! Paige will be returning from maternity leave early in January 2011 and will be teleworking from her home in Anaconda. You can still reach her with her normal e-mail and phone number.

Congratulations to Carol Ballew! Carol has accepted a new position as Senior Public Health Epidemiologist for the Public Health and Safety Division. Carol has served as the cancer epidemiologist in the CSEP, and more recently, in the development of the Montana Hospital Discharge Data System. The MCTR will greatly miss having her expertise devoted to cancer surveillance.

Certificate of Excellence Recipients

The following hospitals and Dermatology offices received a certificate for the 2010 Third Quarter, acknowledging their timeliness in reporting. Ninety percent of their cases were reported within 12 months.

Hospital	City

Billings
Kalispell
Helena
Helena
Bozeman
Billings
Billings
Hardin
Plains
Billings



Free Educational Opportunities at Your Convenience!

Pre-recorded *free* training webinars are available on the MCTR website at www.cancer.mt.gov (click on MT Central Tumor Registry) and are available for download and viewing. Each webinar is worth 3 Continuing Education credits! The webinars contain current and up-to-date training for abstracting and coding cases with the 2010 rules.

Quarterly, the MCTR will make available several webinars and will leave the webinars on the webpage for 3 months and then will make available several more.

Three webinars currently on the MCTR website are:

- Coding Pitfalls—September 2010
- Uterus—October 2010
- Hematopoietic Diseases—November 2010
- Liver—December 2010

The zipped file contains the webinar, handouts, quizzes and answers, and a certificate of completion.

Steps to watch the webinar and earn your FREE CE's:

- Save the zipped file from the MCTR website and contact the MCTR for the password to unzip
- Download and install the Webex Player from http://www.webex.com/downloadplayer.html
- Read and agree to the Terms of Use Agreement (included in zipped package)
- Double click on the file with the extension *.wrf
- Turn on your computer speakers to hear the presenters

0 & A

Question: In the CS Breast SSF regarding the FISH lab test, the word ratio appears and in the help notes of the software; ratio also appears as a decimal point. It shows a decimal point and the lab reports always show a colon (what is correct? An example in the notes shows "a ratio of 1.8 is entered as 180". Lab reports for FISH will show 1:1.)

Answer: The results of FISH HER2 are given as a ratio of the patient's specimen to a control. In many reports, the full ratio expression is not given. For example, the report may show an over-expression ratio of 2.2, with the remainder of the expression implied, such as 2.2 (:1). This would be reported as 220 in the SSF10. If a full ratio expression is provided in the report, code the number before the colon (:), as that is the patient's result. If the number before the colon is less than one, such as 0.8:1, it indicates that the patient's specimen does not express as much HER2 as the control.

Source: December edition 2010 Stage Coach